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Bib Data Sheet

CONFIRMATION NO. 2054

SERIAL NUMBER 10/657,862	FILING DATE 09/09/2003  RULE	CLASS 385	GROUP ART UNIT 2883	ATTORNEY DOCKET NO. Doerr 73-13 (LCNT/125620)
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

name

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

name

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/12/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged  Allowance	NJ	9	29	4
Examiner's Signature	Initials			

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## TITLE

Integrateable optical interleaver and de-interleaver

FILING FEE  RECEIVED 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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